





Tier 3 ill-health certificate

For use where a review is taking place within 3 years of the date the tier 3 pension was suspended & before normal retirement age

Employer: please complete this section	
Full name	WYPF reference
Former employer	Date left former employment
Date member asked for case to be reviewed	Date tier 3 pension suspended
Date member asked for case to be reviewed	Date tier 5 pension suspended
At the date they left their former employment this person was:	
 Considered to be suffering from a condition that renders them permanently incapable of discharging efficiently the duties of the relevant employment because of ill health or infirmity of mind or body; and 	
 They had a reduced likelihood of being capable of undertaking any gainful employment before normal retirement age (usually age 65); and 	
• They were awarded a short term, reviewable 3rd tier ill health pension which was subsequently suspended.	
It is now necessary to determine, in accordance with regulation 20 of the Benefits, membership & contributions regulations 2007 , and within three years of the 3rd tier pension being suspended, whether the person can, due to the medical condition that resulted in the original award of a 3rd tier ill health pension, be uplifted to a tier 2 pension, and if not, whether in accordance with Regulation 31(7) of those regulations, the person can have their 3rd tier pension brought back into payment due to a medical condition other than that which resulted in the original award of a 3rd tier ill health pension.	
Doctor: please complete this section Please complete the information below, then turn over the page and complete the declaration. Please return this form to the employer – not West Yorkshire Pension Fund.	
Ill health declaration	
In my opinion, and having regard only to the medical co ill health pension, this person:	ondition that resulted in the original award of a 3rd tier
1A. Is/has been capable of undertaking gainful en or normal retirement age, if earlier.	nployment within three years of their date of leaving,
tier ill health pension, of undertaking gainful e	cal condition that resulted in the original award of a 3rd mployment within three years of the date of leaving ful employment before their normal retirement age. (If ward the person a tier 2 benefit.)
 If 1B is ticked go straight to the declaration over If 1A is ticked please also tick either 1C or 1D below. 	
In my opinion, and having regard to a medical condition of a 3rd tier ill health pension, the person:	
1C. Is not permanently incapable of undertaking a retirement age. OR	ny gainful employment before their normal

Notes

Permanently incapable means that the person will, more likely than not, be incapable until, at the earliest their normal retirement date, (which is usually age 65).

Gainful employment means paid employment for not less than 30 hours each week for a period of not less than 12 months.

- If 1A and 1C are ticked the person does not satisfy the requirements to have the 3rd tier pension brought back into payment.
- If **1B** is ticked, the employer may determine to award a tier 2 pension.
- If **1A** & **1D** are ticked, the employer may determine to bring the tier 3 pension back into payment from the date the person became permanently incapable of undertaking any gainful employment.

The independent medical practitioner signing this certificate must have been approved for this purpose by West Yorkshire Pension Fund.

The independent medical practitioner is providing an opinion on the person's capability of undertaking gainful employment based solely on the effect the medical condition has on the ability to undertake gainful employment.

The opinion given by the approved registered medical practitioner does not in itself mean that the suspended pension can be brought back into payment or uplifted to a tier 2 benefit. It is the employer who makes the formal determination.

To be completed by the doctor

The Independent registered medical practitioner signing the certificate does not have to be a different doctor to the one who certifies the person permanently incapable at the date of leaving.

Doctor's name
Occupational Health qualification
Doctor's address
Declaration
I, the above named doctor, hereby certify that:
 I am registered with the General Medical Council, and
• I hold:
 a diploma in occupational health medicine (DOccMed), or an equivalent qualification issued by a competent authority in an EEA state (with competent authority having the meaning given by Section 55(1) of the medical act 1983), or I am an associate, a member, or a fellow of the Faculty of Occupational Medicine, or of an equivalent institution in an EEA state, and
 I have given due regard to the guidance issued by the secretary of state when competing this certificate.
Doctor's signature
Date
Doctor's stamp:
The notes on this form were up-to-date when this form was updated in March 2013 and are provided for information only. They confer no contractual rights and in the event of any dispute the appropriate legislation will prevail